OF SURGERY. The patient's condition had steadily improved since the operation; he was able to work and had gained considerable in flesh and strength.

ACUTE INTESTINAL OBSTRUCTION; ENTEROSTOMY; RESECTION OF COLON.

DR. F. KAMMERER presented a man of 41, who had suffered for three weeks from occasional griping pains in abdomen, vomiting and obstinate constipation. Outside of difficulty in moving his bowels he had not been ill previously, but had noticed a falling off in weight. When he came to the hospital he presented symptoms of subacute obstruction, which became acute on the third day. Paroxysmal intestinal peristalsis was marked in his case. No tumor could be felt. Intestinal peristalsis seemed to cease at the cæcum, although the epigastrium was somewhat distended. An incision was made over the cæcum, when the enormously distended intestines presented themselves. On introducing the hand into the abdomen a constricting tumor was discovered a little below the splenic flexure of the colon. An artificial anus was established at the cæcum. Several weeks later, with an incision on the left side at the outer border of the rectus, the tumor was excised, followed by an end-to-end suture. Finally the artificial anus was closed. The case emphasized the difficulties of localizing the area of obstruction, and the advisability of establishing an artificial anus in cases of great distention, when dealing with the chronic variety of intestinal obstruction.

SYNCHRONOUS LEFT URETEROSTOMY AND RIGHT NEPHROSTOMY FOR HYDRONEPHROSIS, DUE TO URETER OBSTRUCTION BY BLADDER TUMOR; PERMANENT DRAINAGE.

DR. F. TILDEN BROWN read this paper and presented the patient upon whom the operation was done.

DR. R. HIRAM LOUX, of Philadelphia, said that unfortunately there were a certain number of cases in which some method of draining the kidney must be carried out, either by transplantation of the ureter into the bowel or by some external apparatus. About three or four years ago, Dr. Loux said, he saw a case of recurrent formation of calculi in the calyces of both kidneys. After several operations had been done for their removal the

kidneys became infected and urinary fistulæ formed, necessitating permanent external drainage.

DR. CHARLES H. PECK said that about a year ago he saw a case of complete ureteral obstruction of the right kidney, 48 hours in duration, in a woman whose left kidney had been removed for a partial hydronephrosis. In order to relieve her, a nephrostomy was done and the kidney drained through the cortex. A few days later a ureteral catheter was passed from below, through which the kidney drained perfectly well, but upon its withdrawal the retention recurred. A plastic operation was then done at the junction of the ureter with the pelvis of the kidney but the attempt to re-establish the patency of the ureter failed and a permanent nephrostomy opening had to be left. The urine drained through a rubber catheter which was attached to the thigh. For upwards of a year after this operation the patient remained in good health and was able to attend to her duties. Then she developed some nasal trouble which required operation; this resulted in infection and a fatal meningitis.